

**STUDENT'S
DEPENDENT
INJURY AND SICKNESS
INSURANCE PLAN**

**2006-2007
Policy Year**

**METROPOLITAN STATE
COLLEGE
OF DENVER**



Visit us on the web at
www.mscd.edu/student/resources/insurance

TABLE OF CONTENTS

Eligibility	1
Health Insurance Premium Per Semester	1
Extension of Benefits After Termination	2
Pre-Existing Conditions	2
Enrollment Information	2
Prescription Drug Plan Express Scripts	2
Benefits for Biologically Based Mental Illness	3
Benefits for Psychotherapy	3
Benefits for Mammography	3
Benefits for Cytologic Screening	4
Benefits for Hospitalization & General Anesthesia for Dental Procedures for Dependent Children	4
Benefits for Child Health Supervision Services	4
Schedule of Medical Expense Benefits	5
Maternity Testing	6
Additional Benefits	6
Accidental Death & Dismemberment Benefits	6
Coordination of Benefits	6
Definitions	7
Exclusions & Limitations	8-9
Claim Procedure	10
Master Policy	10
Privacy Policy	10

ELIGIBILITY

Eligible Dependents/Domestic Partners of Students enrolled in Policy 2006-461-1 may participate in this Dependent Plan on a voluntary basis.

Eligible Dependents are the Spouse or Domestic Partner and unmarried children under 19 years of age; or 24 years, if a full-time dependent student at an accredited institution of higher learning, who are not self-supporting. Dependent/Domestic Partner eligibility expires concurrently with that of the Insured Student. See definition section for Domestic Partner eligibility requirements.

In the event of the birth of a child to a covered student under the Student Insurance Plan, the newborn child will automatically become an Insured Person from the moment of birth. For enrollment to continue after 31 days, written notice of birth and required premium, must be furnished within 31 days of the date of birth. The newborn will then be covered under this Plan.

HEALTH INSURANCE PREMIUM PER SEMESTER

The Master Policy on file at the school becomes effective August 21, 2006. Coverage becomes effective on that date or the date enrollment and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates August 20, 2007. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Dependent coverage will not be effective prior to that of the Insured Student or extend beyond that of the Insured Student. The Policy is a Non-Renewable One Year Term Policy.

Spouse/Domestic Partner Rate per Semester \$ 1,182

Each Child Rate per Semester \$ 968

Dependents of Domestic and International Students

Period(s):	Beginning	Through	Enrollment Deadlines:
Fall	8/21/2006	1/15/2007	9/06/2006
Spring	1/16/2007	5/28/2007	1/31/2007
Summer	5/29/2007	8/19/2007	6/7/2007

For other information or questions on rates and date for dependents students and how to enroll please contact the Student Health Insurance Office at 303-556-3873, Health Center at Auraria.

Dependents of New Student Teachers

Period(s):	Beginning	Through	Enrollment Deadlines:
Fall	8/01/2006	1/15/2007	6/23/2006*
*For applicants starting June and July 2006			
Fall	8/01/2006	1/15/2007	7/21/2006**
**For applicants starting August 2006			
Spring	1/16/2007	5/28/2007	1/31/2007
Summer	5/29/2007	8/19/2007	6/07/2007

Dependents of Accelerated Nursing Students

Period(s):	Beginning	Through	Enrollment Deadlines:
Fall	8/13/2006	1/15/2007	9/06/2006
Spring	1/16/2007	5/28/2007	1/31/2007
Summer	5/29/2007	8/19/2007	6/07/2007

REFUNDS

Refunds will be made upon the entry of any Insured Person into the armed forces of any country. Refund rates are not pro-rated. A refund will be returned to such person upon request less any claims paid. It is the Insured's responsibility to obtain coverage the following year in order to maintain continuity of coverage. Insured's who have not received information regarding a subsequent Plan prior to the Policy's Termination Date should inquire regarding such coverage with the school or its agent.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under the Policy ceases on the Termination Date. However, if an Insured is Hospital confined on the Termination Date for a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

After this "Extension of Benefits" provision has been exhausted, all benefits cease to exist and under no circumstances will further payments be made.

PRE-EXISTING CONDITIONS

Pre-Existing Conditions are covered at the end of the six (6) month period following the Insured Person's effective date of coverage under this Policy. The Pre-existing Condition Limitation will be reduced by the period of time an Insured Person was previously covered by Creditable Coverage if the Creditable Coverage was continuous to a date not more than 90 days prior to the effective date of the Insured Person's coverage under this Policy. Students and Dependents who have been covered during the Fall and Spring semesters for at least six months will not be considered to have had an interruption in coverage for the purposes of administering the Pre-existing Condition exclusion if they do not enroll in the Summer Semester. **NOTE:** The Pre-existing Condition Limitation shall not apply to covered expenses incurred for pregnancy.

ENROLLMENT INFORMATION

If you are a Dependent of a student enrolled in the Student Insurance Plan, you may enroll in this plan. Please contact the Student Insurance Office by calling 303-556-3873 or stop by Plaza Building Suite 150 to fill out / drop off enrollment form with payment. The Student must be already enrolled in policy 2006-416-1 for the current semester.

PRESCRIPTION DRUG PLAN EXPRESS SCRIPTS

Benefits are provided through Express Scripts, a point-of service provider. Please call 800-206-4005 for questions regarding benefits or network participating pharmacies. **If an Insured Person incurs Rx claims within the first 6 weeks of the semester, the Insured Person must pay for the Rx and submit a claim to Express Scripts after the 6th week at:**

Express Scripts, Inc.
P.O. Box 66773,
St. Louis, Missouri 63166-6773
Attn: Claims Department
Group Rx #AM2A

After 6 weeks, the Covered Person may go to any network pharmacy. The Plan pays 100% up to a \$100 maximum per policy year.

After you have exhausted the \$100 policy year maximum, prescriptions can be purchased at a network pharmacy at a discounted rate, but you will be responsible for payment on these prescriptions.

If you do not use a participating pharmacy, you are responsible for the full cost of the prescription. For information about participating pharmacies or to obtain other information, please call Express Scripts 800-206-4005.

BENEFITS FOR BIOLOGICALLY-BASED MENTAL ILLNESS

Benefits will be paid the same as any other Sickness for the treatment of Biologically-based Mental Illness. The Benefit provided will not duplicate any other Benefits provided in this Policy.

“Biologically-based Mental Illness” means schizophrenia, schizoaffective disorder, bipolar affective disorder, major depressive disorder, specific obsessive-compulsive disorder, and panic disorder.

Benefits shall be subject to any Deductible, co-payment, coinsurance, provisions or other limitations of the Policy.

BENEFITS FOR PSYCHOTHERAPY

Benefits will be paid the same as any other Sickness for Psychotherapy treatment subject to the following provisions:

Inpatient or Partial Hospitalization Benefits: Benefits are limited to 45 days for inpatient care or 90 days for Partial Hospitalization care in any 12-month period. For the purpose of computing the period for which benefits are payable, the Following will apply:

- 1) Two days of Partial Hospitalization shall reduce by one day the 45 days for inpatient care. One day of inpatient care shall reduce by two days the 90 days available for Partial Hospitalization.
- 2) Each day of inpatient confinement under this benefit or each two days of Partial Hospitalization shall reduce by one day, the total days available for all Sicknesses for any one 12-month period.
- 3) Each day of confinement as an inpatient in a Hospital or psychiatric Hospital, or each two days of Partial Hospitalization, shall reduce by one day, any days available for alcoholism coverage.

Partial Hospitalization, for the purposes of this benefit, means continuous treatment for at least three hours, but not more than 12 hours during a 24-hour period. Benefits shall be subject to all Deductible, co-payment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR MAMMOGRAPHY

Benefits will be paid for the actual expense incurred up to \$80 for low-dose screening mammography for the presence of occult breast cancer. Benefits will be provided according to the following guidelines:

1. A single baseline mammogram for women 35 to 39 years of age.
2. A mammogram not less than once every two years for women forty years of age and under fifty years of age or more often for women with risk factors to breast cancer as determined by her Physician.
3. A mammogram every year for women fifty to sixty-five years of age.

Low-dose mammography” means the x-ray examination of the breast, using equipment dedicated specifically for mammography including but not limited to the x-ray tub, filter, compression device, screens, films, and cassettes, with an average radiation exposure delivery of less than one rad mid-breast, with two views for each breast.

The policy Deductible will not be applied to this benefit.

Benefits shall be subject to all co-payment, coinsurance, limitations or any other provisions of the policy.

BENEFITS FOR CYTOLOGIC SCREENING

Benefits will be paid as any other Sickness for cytologic screening for female Insured Persons over 18 years. One cytologic screening will be payable every 3 years (excluding females who have had a hysterectomy). Benefits shall be subject to all Deductible, coinsurance, co-payments, limitation or any other provisions of the policy.

“Cytologic screening” means a Papanicolaou Test (PAP Smear) and a pelvic exam.

BENEFITS FOR HOSPITALIZATION AND GENERAL ANESTHESIA FOR DENTAL PROCEDURES FOR DEPENDENT CHILDREN

Benefits will be paid the same as any other Sickness for general anesthesia, when rendered in a Hospital, outpatient surgical facility, or other facility licensed pursuant to Colorado Statute Section 25-3-101, and for associated Hospital or facility charges for dental care provided to a Dependent child. Such Dependent child shall, in the treating Physician’s opinion, meet one or more of the following criteria:

- 1) The child has a physical, mental, or medically compromising condition; or
- 2) The child has dental needs for which local anesthesia is ineffective because of acute infection, anatomic variations, or allergy; or
- 3) The child is an extremely uncooperative, unmanageable, anxious, or uncommunicative child or adolescent with dental needs deemed sufficiently important that dental care cannot be deferred; or
- 4) The child has sustained extensive or facial and dental trauma.

Benefits shall be subject to all Deductible, coinsurance, co-payments, limitations or any other provisions of the Policy.

BENEFITS FOR CHILD HEALTH SUPERVISION SERVICES

Benefits will be paid for the Usual and Customary Charges for Child Health Supervision Services from birth up to the age of 13. Benefits are payable on a per visit basis to one health care provider per visit.

Child Health Supervision Services rendered during a periodic review are covered only to the extent such services are provided during the course of one visit by, or under the supervision of a single Physician, Physician’s assistant or Registered Nurse.

Child Health Supervision Services means the periodic review of a child’s physical and emotional status by a Physician or other provider as above. A review shall include but not be limited to a history, complete physical examination, developmental assessment, anticipatory guidance, appropriate immunizations, preventative services, and laboratory tests in keeping with prevailing medical standards.

The policy Deductible and dollar limits will not be applied to this benefit.

Benefits shall be subject to all co-payment, coinsurance, limitations, or any other provisions of the policy.

SCHEDULE OF MEDICAL EXPENSE BENEFITS INJURY AND SICKNESS

UP TO \$50,000 MAXIMUM BENEFIT PAID AS SPECIFIED BELOW FOR EACH INJURY OR SICKNESS

DEDUCTIBLE \$50 PER INSURED PERSON, PER POLICY YEAR

The Policy provides benefits for 100% of the Usual and Customary Charges incurred by an Insured Person for loss due to a covered Injury or Sickness up to the Maximum Benefit of \$50,000 for each Injury or Sickness. Benefits will be paid up to the Maximum Benefit for each service as scheduled below. Covered Medical Expenses include:

INPATIENT	
Room and Board Expense , daily semi-private room rate; and general nursing care provided by the Hospital.	Usual & Customary/\$300 per day
Hospital Miscellaneous Expenses , such as the cost of the operating room, laboratory tests, x-ray examinations anesthesia, drugs (excluding take home drugs) or medicines, therapeutic services, and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.	Usual & Customary/\$700 per day
Intensive Care .....	.Paid under Room & Board Expense
Physiotherapy .....	.Paid under Hospital Miscellaneous
Surgeon's Fees , for multiple surgical procedures, one procedure (the largest amount) will be payable at full value The second procedure will be payable at 50% of value and the third procedure at 25% of value. Four or more procedures will be paid a composite fee based on the Physician's written report.	Usual & Customary/\$1,500 maximum
Assistant Surgeon's Fees .....	.20% of Surgery Allowance
Anesthetist , Professional Services in connection with Inpatient Surgery .....	.25% of Surgery Allowance
Physicians Visits , benefits are limited to one visit per day and do not apply when related to surgery	\$.30 per day
Registered Nurse .....	.No Benefits
Pre-Admission Testing , This benefit is payable within 3 working days prior to admission .....	.Paid under Hospital Miscellaneous
Psychotherapy , See benefits for Psychotherapy, page 3 .....	.Paid as any other Sickness/45 days maximum (Per Policy Year)
Biologically-based Mental Illness , See Benefits for Biologically-based Mental Illness page 3 .....	.Paid as any other Sickness
Routine Newborn Care , while Hospital Confined and routine nursery care provided immediately after birth .....	.Paid as any other Sickness/4 days Hospital Confinement Expense maximum
OUTPATIENT	
Surgeon's Fees , for multiple surgical procedures, one procedure (the largest amount) will be payable at full value. The second procedure will be payable at 50% of value and the third procedure at 25% of value. Four or more procedures will be paid a composite fee based on the Physician's written report.	Usual & Customary/\$1,500 maximum
Day Surgery Miscellaneous , related to scheduled surgery performed in a Hospital, including the cost of the operating room; laboratory tests and X-ray examinations, including professional fees; anesthesia; drugs or medicines; and supplies. Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.	Usual & Customary/\$700 maximum
Assistant Surgeon's Fees .....	.20% of Surgery Allowance
Anesthetist , Professional Services in connection with Outpatient Surgery. ....	.25% of Surgery Allowance
Outpatient Miscellaneous Benefits , includes benefits designated as "Outpatient Miscellaneous."	Usual & Customary/\$2,000 maximum
Physicians Visits , benefits are limited to one visit per day. Benefits for Physician's Visits do not apply when related to surgery or Physiotherapy .....	.Paid under Outpatient Miscellaneous
Physiotherapy , benefits are limited to one visit per day. ....	.Paid under Outpatient Miscellaneous
Outpatient Physiotherapy benefits are payable only for a condition that required Surgery or Hospital Confinement; 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the Attending Physician's release for rehabilitation.	
Medical Emergency Expenses , use of the emergency room and supplies. ....	.Paid under Outpatient Miscellaneous
Diagnostic X-Ray & Laboratory Services .....	.Paid under Outpatient Miscellaneous
Tests and Procedures , diagnostic services and medical procedures performed by a Physician other than Physician's Visits, Physiotherapy x-rays and lab procedures. ....	.Paid under Outpatient Miscellaneous
Prescription Drugs , Prescriptions must be filled at an Express Scripts pharmacy	\$.100 maximum (Per Policy Year)
Psychotherapy , includes all related ancillary charges incurred as a result of a Mental and Nervous Disorder	\$.45 per day/10 days maximum (Per Policy Year)
Radiation Therapy , Chemotherapy & Injections, when administered in the Physicians office and charged on the Physician's statement	Usual & Customary/\$1,000 maximum combined
Biologically-based Mental Illness , See Benefits for Biologically Based Mental Illness page 3 .....	.Paid as any other Sickness
OTHER	
Ambulance Services	Usual & Customary/\$750 maximum
Durable Medical Equipment , a written prescription must accompany the claim when submitted. Replacement equipment is not covered. (Exception: Benefits provided as mandated for Prosthetic Devices.)	Usual & Customary/\$100 maximum
Consultant Physician Fees , when requested and approved by the attending physician	Usual & Customary/\$100 maximum
Dental , made necessary by Injury to Sound, Natural Teeth only.	Usual & Customary/\$200 maximum
Maternity .....	.Paid as any other Sickness
Complications of Pregnancy .....	.Paid as any other Sickness

MATERNITY TESTING

There are certain maternity tests that may be routinely performed by your Physician that may not be covered under the Policy. Please call the Claims Department at 800-626-5520 for additional information.

ADDITIONAL BENEFITS

Benefits are provided as mandated by the State of Colorado such as Diabetes, Prostate Cancer Screening, Cleft Lip and Cleft Palate, Therapies for Congenital Defects and Birth Abnormalities, Prosthetic Devices, Telemedicine Services and Medical Foods. Benefits may be found in the Master Policy on file at the University.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Loss of Life, Limb or Sight

If such Injury shall independently of all other causes and within 180 days from the date of Injury solely result in any one of the following specific losses, the Insured Person or beneficiary may request the Company to pay the applicable amount below. Payment under this benefit will not exceed the Policy Maximum Benefit.

For Loss Of:

Life	\$5,000
Two of More Members	\$5,000
One Member	\$2,500
Thumb or Index Finger	\$2,500

Member means hand, arm, foot, leg, or eye. Loss shall mean with regard to hands or arms and feet or legs, dismemberment by severance at or above the wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight. Only one specific loss (the greater) resulting from any one Injury will be paid.

COORDINATION OF BENEFITS

Benefits will be coordinated with any other group medical, surgical or hospital plan so that combined payments under all programs will not exceed 100% of charges incurred for covered services and supplies.



DEFINITIONS

Injury means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; 4) treated by a Physician within 60 days after the date of Injury; and 5) sustained while the Insured Person is covered under the Policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one Injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

Pre-existing Condition means any condition for which an Insured Person: 1) incurred charges; 2) received medical treatment; 3) consulted a health care professional; or 4) took Prescription Drugs within the 6 months immediately prior to the Insured's Effective Date under the Policy. "Pre-existing Condition" does not include Pregnancy.

Sickness means sickness or disease of the Insured Person which causes loss, and originates while the Insured Person is covered under the Policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one Sickness. Covered Medical Expenses incurred as a result of an injury that occurred prior to this policy's Effective Date will be considered a Sickness under this policy.

Usual and Customary Charges means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality of the Policyholder. No payment will be made under this Policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

Domestic Partner means a person who is neither married nor related by blood or marriage to the Named Insured but who is: 1) the Named Insured's sole spousal equivalent; 2) lives together with the Named Insured in the same residence and intends to do so indefinitely; and 3) is responsible with the Named Insured for each other's welfare. A domestic partner relationship may be demonstrated by any three of the following types of documentation: 1) a joint mortgage or lease; 2) designation of the domestic partner as beneficiary for life insurance; 3) designation of the domestic partner as primary beneficiary in the Named Insured's will; 4) domestic partnership agreement; 5) powers of attorney for property and/or health care; and 6) joint ownership of either a motor vehicle, checking account or credit account.

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. **Acne**; acupuncture; allergy, including allergy testing;
2. **Addiction**, such as nicotine addiction;
3. **Autistic disease** of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, (to include attention deficit disorder), behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation;
4. **Biofeedback**;
5. **Circumcision**;
6. **Congenital conditions**, except as specifically provided in the policy;
7. **Cosmetic procedures**, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
8. **Dental treatment**, except for accidental Injury to Sound, Natural Teeth. Injury as a result of chewing or biting will not be considered an accident or Injury;
9. **Elective abortion**;
10. **Elective Surgery** or Elective Treatment;
11. **Eye examinations**, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a disease process;
12. **Foot care** including: flat foot conditions, supportive devices for the foot, subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet.
13. **Hearing examinations** or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
14. **Hirsutism**; alopecia;
15. **Hypnosis**;
16. **Immunizations**; except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury;
17. The use of alcohol, **intoxicants**, hallucinogenics, illegal drugs, or for any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
18. **Injury or Sickness** for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act. Or similar legislation;
19. **Injury sustained** while a) participating in any interscholastic, intercollegiate, or professional sport, contest or competition; b) traveling to or from such sport, contest or competition as a participant; or c) while participating in any practice or conditioning program for such sport, contest or competitions;
20. **Inpatient convenience** items such as guest meals, telephone, televisions, etc.
21. **Medical or non-medical** self-care or self-help training and occupational therapy, recreation therapy, educational therapy, dance therapy, art therapy, except as described in the Master Policy;
22. **Nasal** and sinus surgery;
23. **Non-Medically Necessary** Maintenance Care Expenses. Maintenance Care means treatment which is administered after the patient's status remains the same and no further improvement is expected; remaining symptoms are considered residual; it is indicated by infrequent, sporadic treatment (i.e., once a month or every other week);
24. **Organ transplant**, including organ donation;
25. **Pre-existing Conditions**, except for: 1) individuals who have been continuously insured for at least 6 consecutive months under any group health insurance plan or policy or employer-provided health benefit arrangement or any individual health insurance plan or policy, if the previous coverage was continuous to a date not more than 90 days prior to the Insured's Effective Date under this policy; or 2) individuals who have continuously insured for at least 6 consecutive months under the school's student insurance policy; or 3) a child that is adopted or placed for adoption before attaining eighteen years of age;

EXCLUSIONS AND LIMITATIONS (CON'T)

26. **Prescription Drugs**, services or supplies as follows:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use; except as provided under Benefits for Diabetes;
 - b) Birth control and /or contraceptives, oral or other, whether medication or device;
 - c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - d) Drugs Labeled, "Caution – limited by federal law investigational use" or experimental drugs;
 - e) Production used for cosmetic purposes;
 - f) Drugs used to treat or cure baldness; attention deficit disorder; anabolic steroids used for body building;
 - g) Anorectics – drugs used for the purpose of weight control;
 - h) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - i) Growth hormones; or
 - j) Refills in excess of the number specified or dispensed after one(1) year of date of the prescription.
27. **Reproductive/infertility** services including but not limited to: family planning; fertility test; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
28. **Routine Newborn Infant care**, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery. If forty-eight hours following a vaginal delivery falls after 8 p.m., coverage shall continue until 8 a.m. the following morning. If ninety-six hours following the cesarean section falls after 8 p.m., coverage shall continue until 8 a.m. the following morning;
29. **Routine physical examinations** and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness, except as specifically provided in the policy;
30. **Sleep disorders**;
31. **Supplies**, except as specifically provided in the policy;
32. **Surgical breast reduction**, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
33. **Treatment in a Government hospital**, unless there is a legal obligation for the Insured Person to pay for such treatment;
34. **War** or any act of war, declared or undeclared; or while in the armed forces or any country (a pro-rata premium will be refunded upon request for such period not covered); and
35. **Weight management** services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, treatment for obesity (treatment of morbid obesity is covered. Morbid obesity is defined as follows: Morbid obesity is associated with serious and life threatening disorders such as diabetes mellitus and hypertension. Morbid obesity means a body weight of two times the normal weight or greater, or 100 pounds in excess of normal body weight based on normal body weight using generally accepted height and weight tables for a person of the same age, sex, height, and frame. Benefits will be provided only upon written request for treatment with a treatment plan written by a Physician, and services or treatment must meet the Company's medical criteria.) and surgery for removal of excess skin or fat. Exceptions: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.

CLAIM PROCEDURES

In the event of Injury or Sickness:

- 1) Mail to the address below all medical and hospital bills along with the patient's name and Insured Student's name, address, school ID number and name of the University under which the student is insured. A Company claim form is not required for filing a claim.
- 2) File claim within 30 days of Injury or first treatment for a Sickness.

Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Submit Medical Claims or Inquiries to:

AmeriBen
P.O. Box 7186
Boise, ID 83707
800-953-1801
<https://services.ameriben.com>
Group #000461-3

Submit Prescriptions Claims to:

Express Scripts, Inc.
P.O. Box 66773
St Louis, MO 63166-6673
Attn: Claims Department
800-206-4005
Group Rx # AM2A

MASTER POLICY

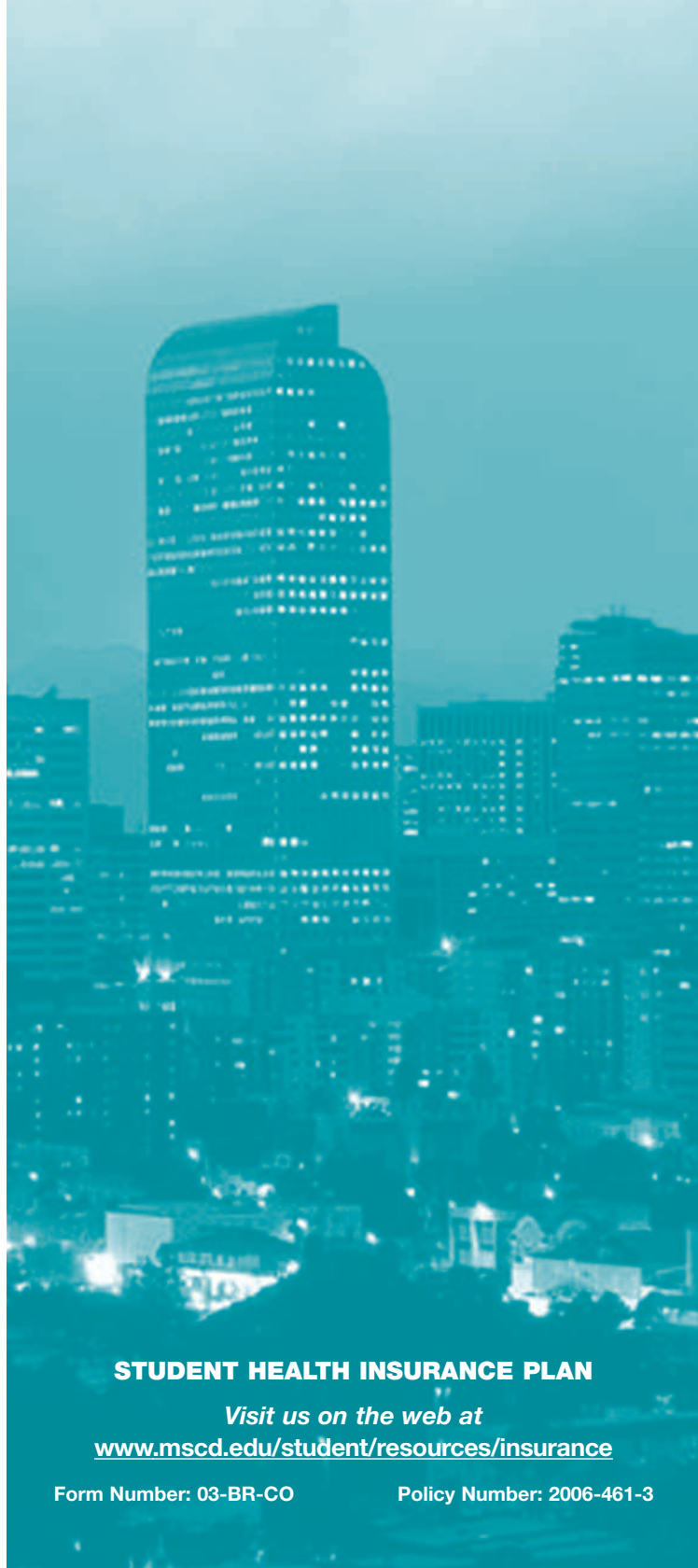
Please keep this Brochure as a general summary of the insurance. The Master Policy on file at the University contains all of the provisions, limitations, exclusions and qualifications of your insurance benefits, some of which may not be included in this Brochure. The Master Policy is the contract and will govern and control payment of benefits.

**The Plan is Underwritten by:
The MEGA Life and Health Insurance Company**

**This Brochure is based on
Policy #2006-461-3**

PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a copy of The MEGA Life and Health Insurance Company's privacy practices by calling them toll-free at 800-767-0700 or visiting them at www.studentresources.com.



STUDENT HEALTH INSURANCE PLAN

Visit us on the web at

www.mscd.edu/student/resources/insurance

Form Number: 03-BR-CO

Policy Number: 2006-461-3